



CITY OF KANSAS CITY, MISSOURI  
NEIGHBORHOOD AND HOUSING SERVICES  
REGULATED INDUSTRIES DIVISION  
635 WOODLAND, SUITE 2101  
KANSAS CITY, MISSOURI 64106

### Schedule P – Personal Data

(To be completed by the Managing Officer or Designated Agent and anyone who has 10% or more interest in the business.)

**PLEASE PRINT OR TYPE** - Attach additional paper if necessary

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

SSN: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouses Maiden: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

1. Are you a U.S. citizen? [ ☐ ] Yes [ ☐ ] No Date and place of naturalization (if applicable): \_\_\_\_\_

2. Have you ever been arrested, indicted, or convicted for the violation of any federal or state law? [ ☐ ] Yes [ ☐ ] No

If yes, provide additional documentation and list all details.

3. List employers for the past five (5) years. If self-employed, state nature of business and location.

NAME	ADDRESS	PHONE	DATES

4. Have you ever held a liquor permit which was suspended or revoked? [ ☐ ] Yes [ ☐ ] No If yes, provide and/or list additional information: \_\_\_\_\_

5. Have you ever made application for a liquor license which was denied? [ ☐ ] Yes [ ☐ ] No If yes, provide and/or list additional information: \_\_\_\_\_

6. Do you or any member of your immediate family have a direct or indirect interest in any other active liquor license?  
[ ☐ ] Yes [ ☐ ] No If yes, please provide additional information: \_\_\_\_\_

I have familiarized myself with the provisions of Chapters 10 and 50 of the Code of General Ordinances of the City of Kansas City, Missouri and agree to comply with these provisions in the conduct of this business.

I hereby authorize law enforcement, probation and parole agencies to release all information pertaining to my criminal record and I authorize a social security number trace. I understand that furnishing false or incomplete information on this application may be grounds for denial of the license. I also understand that there is no refund of the fee which accompanies this application if, for any reason, it is denied.

I, \_\_\_\_\_, being of lawful age and duly sworn upon my oath, declare that I have read this application and fully understand same and that I know the contents thereof and answers and statements contained therein and the same are true.

SIGNATURE OF APPLICANT

DATE